

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. **855**

### 1. PLACE OF DEATH:

County **Harcester**  
 City or town **Berlin**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? **30 yrs**  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State **Maryland** County **Harcester**  
 City or town **Berlin**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. **Rt. 1**  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

**Viola M. Bunting**

### 3. (b) Social Security Number

4. Sex **Female** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Married**

6. (b) Name of husband or wife **Joshua J. Bunting**  
 6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) **May 8, 1861**

8. AGE: Years **87** Months **3** Days **15** It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace **Compelltown**  
 (Town, county, and state)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Isabel Campbell**

13. Birthplace **MD**

14. Maiden name **Hester Hickman**

15. Birthplace **MD**

16. Informant **Frank Magee**

Address **Berlin, Md**

17. Burial **B.O.O.F.** Date thereof **8-15-1948**  
 (Burial, cremation, or removal to high) (month) (day) (year)

Cemetery or crematory **Bishopville, Md.**

18. Funeral director **My. Pasha Watson**

Address **Selbyville, Del.**

19. **8-14-48** **Helem F. Hayward**  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH **Aug 13, 1948** at **8:30 P.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **me** **1947** to **Aug 13, 1948**

and that I last saw him alive on **13 Aug 1948**

Immediate cause of death **Hypertensive**

**Presumed E Pulmonary edema &**

Due to **atherosclerotic heart** **2 yrs**

disease & **hypertension myocarditis**

Due to \_\_\_\_\_

Other conditions **Cerebral embolus &**

**gangrenous leg, leg, June 18, 1948**  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

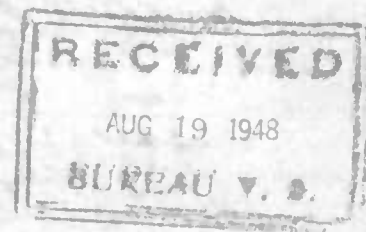
Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE **W. R. Rallus M.D.** M. D. or other **10648**  
**5 Bay St. Pk. Md** Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 355

## 1. PLACE OF DEATH:

County Worcester  
 City or town W. Halesville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 yr.  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution? ✓

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Worcester  
 City or town W. Halesville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 2  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

James Berton Collins

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Sadie Cathryn Collins

## 7. Birth date of

deceased (mo., day, yr.)

Sept. 6, 1886

## 6. (c) If alive, give age

87 years

## 8. AGE:

Years

64

Months

11

Days

23

If less than one day

hrs.

min.

Mellons, Delaware

(Town, county, and state)

Former

10. Usual occupation

11. Industry or business

12. Name

John Wesley Collins

13. Birthplace

14. Maiden name

E. M. G. G. G. G.

15. Birthplace

16. Informant

Mrs. Sadie Collins

Address

W. Halesville, Del.

17. Burial

Date thereof

8-31-48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Mt. Pleasant

Location

Willards, Md.

18. Funeral director

M. P. P. P. P.

Address

W. Halesville, Del.

19. 8-31

1948

(Date rec'd by registrar)

20. DATE OF DEATH

29 Aug

1948

at 3:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

16 Aug

1948

to 29 Aug

1948

and that I last saw him alive on 29 Aug

1948

Immediate cause of death

Atypical pneumonia

not known how

DURATION

Due to

Virus infection

Due to

Other conditions

Erysipelas, low

side, etc.

(Include pregnancy within 8 months of death)

Major findings of operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. P. P. P. P.

Address

5 Bay St. Bklyn, N.Y.

Date signed

30 Aug 48

RECEIVED

SEP 3 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 387

### 1. PLACE OF DEATH:

County Worcester  
City or town Snow Hill, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 1  
Hospital, institution, or street address where death occurred:  
Home, Snow Hill, Md., 222 Church St.  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Worcester  
City or town Snow Hill  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 222 Church St.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Okley James Dennis

### 3. (b) Social Security Number

220-10-8613

4. Sex male 5. Color or race negro 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Elise Dennis

7. Birth date of deceased (mo., day, yr.) March 7, 1912 6. (c) If alive, give age 28 years

8. AGE: Years 36 Months 3 Days 4 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Melrose Park, Accomack, Va.  
(Town, county, and state)

10. Usual occupation labor

11. Industry or business

12. Name Samuel Dennis

13. Birthplace Oak Hall, Va.

14. Maiden name Cornelia Harmon

15. Birthplace Oak Hall, Va.

16. Informant Cornelia Wallace

Address Oak Hall, Va.

17. Burial Date thereof Aug. 31, 48  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Withiams, Va.

Location near Oak Hall, Va.

18. Funeral director E. Saunders

Address New Church, Va.

19. 9/28/48 19 48 LeRoy Smith  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH August 27, 1948 at 6:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 14, 1948 to August 27, 1948 and that I last saw him alive on August 26, 1948

Immediate cause of death Acute Pulmonary + Quincke - Urinary tract infection.  
Due to accidental cholelithiasis

### DURATION

2 mos.

6 mos.

Due to

Other conditions Fractured Vertebrae with bilateral paraplegia  
(Include pregnancy within 3 months of death)  
low's exfoliatives

Major findings of operations

Date of op.

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 11/26/47

Where did injury occur? Pocomoke Ware, Md.  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury hit by falling boom from trailer Injured at work? yes

23. SIGNATURE Robert L. LaMar, MD  
M. D. of other

Address Snow Hill Date signed 8-28-48

08810

176

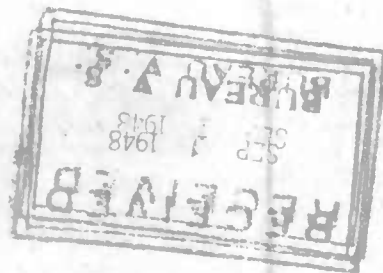
387

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 355

## 1. PLACE OF DEATH:

County WorcesterCity or town Berlin  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 35 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County WorcesterCity or town Berlin  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2.(a) If veteran, name World war II

## 3. (a) FULL NAME

Franklin H Fisher

## 3. (b) Social Security Number

4. Sex male5. Color or race white6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) March 11, 19068. AGE: Years 42 Months 5 Days 11 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Berlin, Wor. Co. Md.  
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Frank Fisher13. Birthplace Maryland14. Maiden name Mary Margaret Fisher15. Birthplace md16. Informant Miss Helma FisherAddress Berlin Md.17. Burial Date thereof 8/25/48  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory EvergreenLocation Berlin Md.18. Funeral director Russ A. BurroughsAddress Berlin Md.19. 8-28- Helen G. Hayward  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 22 Aug 1948 at 2 45 P.M.

21. I CERTIFY that death occurred on the day above stated; that I attended deceased from

Jan 15 1948 to 22 Aug 1948and that I last saw him alive on 21 Aug 1948Immediate cause of death Acute coronary thrombosis

DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Rheumatic Heart Disease

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Hermana Patten md

M. D. or other

Address 5 Bay St. Berlin, Md Date signed 24 Aug 48



2



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 354

## 1. PLACE OF DEATH:

County Worcester  
 City or town Stockton  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 39 years  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Worcester  
 City or town Stockton Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Lra B. Hancock

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced married  
 6.(b) Name of husband or wife Annie A. Hancock  
 6.(c) If alive, give age 82 years  
 7. Birth date of deceased (mo., day, yr.) November 29, 1861  
 8. AGE: Years 86 Months 8 Days 10 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Stockton, Worcester Md.  
 (Town, county, and state)  
 10. Usual occupation Farming

11. Industry or business \_\_\_\_\_  
 12. Name Pete Hancock  
 13. Birthplace Maryland  
 14. Maiden name Laura Ridden  
 15. Birthplace Maryland

16. Informant Mr G. D. Dutright  
 Address Stockton Md.

17. Burial Date thereof Aug 11, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory M. E. Conthies  
 Location Qued Greenbackville Md

18. Funeral director Thomas H. Watson  
 Address Pocomoke City, Md.

19. Aug 11 19 48  
 (Date rec'd by registrar) Registrar Mary M. Taylor

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 9, 1948 at 9:30:9 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 19 48, to Aug 9 19 48, and that I last saw him alive on Aug 9 19 48.

Immediate cause of death Cerebral Apoplexy DURATION 1 day

Due to arteriosclerosis & hypertension unknown

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_  
 Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Paul Chen Md. M. D. or other \_\_\_\_\_  
Snow Hill Md Address \_\_\_\_\_ Date signed 8/9/48

RECEIVED  
AUG 16 1948  
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

08813

353

## 1. PLACE OF DEATH:

County... Worcester  
 City or town... Whaleyville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 27 yrs.  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residences of mother)

State... Maryland County... Worcester  
 City or town... Whaleyville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Frank Hudson

## 3. (b) Social Security Number

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife... Annabelle Hudson

6. (c) If alive, give age... 71 years

7. Birth date of deceased (mo., day, yr.) May, 18, 1860

8. AGE: Years 88 Months 3 Days 7 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace... Berlin Md.  
 (Town, county, and state)

10. Usual occupation... Farming

11. Industry or business

12. Name... Isaac Hudson

13. Birthplace... Md.

14. Maiden name... Mary Mitchell

15. Birthplace... Unknown

16. Informant... Annabelle Hudson

Address... Whaleyville, Md.

17. Burial Date thereof Aug. 29, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Old Fellows

Location... Bishopville, Md.

18. Funeral director... Henry W. Watson

Address... Pocomoke City, Md.

19. 8/28 19 48 Mrs. Roy Benge  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... Aug 25 19 48 at 10:55 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

and that I last saw him alive on Aug 24 19 48

Immediate cause of death... Chr. Myocarditis

Due to... Chr. Myocarditis

Due to... Chr. Myocarditis

Other conditions... Chr. Myocarditis

(Include pregnancy within 3 months of death)

Major findings of operations... \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results... \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE... Chas. R. Low

Address... Berlin Md.

Date signed 8-26-48

RECEIVED

SEP 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 350

## 1. PLACE OF DEATH

County Worcester  
 City or town Pocomoke  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Worcester  
 City or town Pocomoke  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 819 Fourth Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

William G. King Sr

## 3. (b) Social Security Number

213-01-8892

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced married  
 6.(b) Name of husband or wife Cora E. King 6.(c) If alive, give age 59 years  
 7. Birth date of deceased (mo., day, yr.) June 29, 1879  
 8. AGE: Years 69 Months 1 Days 27 If less than one day  
 hrs. min.

## MEDICAL CERTIFICATION

2D. DATE OF DEATH August 26, 1948 at 6: P.m.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
21 January 1948 to 26 August 1948  
 and that I last saw him alive on 26 August 1948

Immediate cause of death Heart Failure

## DURATION

Due to Carcinoma of Prostate (1-2)  
with generalized metastasis several  
 Due to years  
 Other conditions history.

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury Injured at work?

23. SIGNATURE Y. E. Sartorius Jr. M. D. or other

Address Pocomoke, Md. Date signed 28 Aug 48

9. Birthplace Pocomoke Somerset Maryland  
 (Town, county, and state)  
 10. Usual occupation Merchant  
 11. Industry or business General store  
 12. Name Frank King  
 13. Birthplace Maryland  
 14. Maiden name Grace Gibbons  
 15. Birthplace Maryland  
 16. Informant William G. King Jr.  
 Address Pocomoke Md.  
 17. Burial Date thereof Aug 29, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Salem M. E. Cemetery  
 Location Pocomoke City Md.  
 18. Funeral director Henry W. Dutton  
 Address Pocomoke Md.  
 19. Aug 28, 1948 Anne E. White  
 (Date rec'd by registrar) Registrar

RECEIVED

AUG 31 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 350

## 1. PLACE OF DEATH:

County Worcester  
 City or town Pocomoke  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Pocomoke  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Samuel B. Manuel

## 3. (b) Social Security Number

216-12-1019

4. Sex

Male

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Savannah Manuel

7. Birth date of deceased (mo., day, yr.)

(unknown) 1888

6.(c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

60

hrs. min.

9. Birthplace

Stockton Worcester Md.  
(To city, county, and state)

10. Usual occupation

Labor

11. Industry or business

FATHER

12. Name

Levin Manuel

13. Birthplace

Md.

MOTHER

14. Maiden name

Elizabeth Kelly

15. Birthplace

Md.

16. Informant

Mary Schofield

Address

Pocomoke

17.

Burial  
(Burial, cremation, or removal. Which?)Date thereof Aug 8, 1948  
(month) (day) (year)

Cemetery or crematory

M. E. Cemetery

Location

Stockton Md.

18. Funeral director

Henry Saltsch

Address

Pocomoke City Md.

19.

Aug 7, 1948  
(Date rec'd by registrar)Anne E. White  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug 5, 1948 at 9:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12/16 to Aug 5, 1948and that I last saw alive on Aug 4, 1948

Immediate cause of death

Granular leukocytes  
Myocardial degeneration

DURATION

2 years  
273

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury

Injured at work?

23. SIGNATURE

J. E. White M. D. or other  
Address Pocomoke City Md. Date signed 8-7-48



~~1948~~  
~~25~~  
~~25~~

RECEIVED  
AUG 9 1948  
BUREAU N. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 350

## 1. PLACE OF DEATH:

County WorcesterCity or town Rural Poconoke  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 35 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?:

## 2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)

State MD County WorcesterCity or town Pocomoke City, Md (Rural)  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Georgeanna Merrill

## 3. (b) Social Security Number

220-26-11584. Sex 2 5. Color or race W. 6. (a) Single, married, widowed, or divorced W.8. (b) Name of husband or wife Wm T Merrill7. Birth date of deceased (mo., day, yr.) Mar 20th 1870 6. (c) If alive, give age \_\_\_\_\_ years8. AGE: Years 28 Months 5 Days 1 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Pocomoke City Md  
(Town, county, and state)10. Usual occupation House work laundry work11. Industry or business at home12. Name James Wilson13. Birthplace Pocomoke City Md14. Maiden name Caroline Wright15. Birthplace Stockton Md16. Informant John Washington (adopted son)Address Baltimore Md17. Burial, cremation, or funeral (Which?) Burial Date thereof Aug 25th 1948

(Burial, cremation, or funeral, Which?) (Month) (Day) (year)

Cemetery or crematory Amoryville CemeteryLocation Rural - Pocomoke City Md18. Funeral director Harry B. WilsonAddress Pocomoke City Md19. Aug 24 19 48 Anne E. White

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 21st 19 48

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

and that I last saw deceased on Aug 20th 19 48Immediate cause of death Coronary Disease DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE N. E. Sartorius M. D. or other \_\_\_\_\_Address Pocomoke City Md Date signed 8/22/48

M. D. or other

Date signed

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MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**RECEIVED**

AUG 25 1948

**BUREAU V. S.**

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. **355**

### 1. PLACE OF DEATH:

County **Worcester**  
City or town **Berlin RD (St. Martins)**  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? **27 years.**  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **md.** County **Worcester**  
City or town **Berlin RD**  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

**John J. Powell.**

### 3. (b) Social Security Number

4. Sex **male** 5. Color or race **white** 6. (a) Single, married, widowed, or divorced **married.**

6. (b) Name of husband or wife **Charlotte Anna Powell**

7. Birth date of deceased (mo., day, yr.) **Jan 30, 1871**

8. AGE: Years **77** Months **6** Days **6** If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace **Berlin W.C. Md.**  
(Town, county, and state)

10. Usual occupation **Farmer.**

### 11. Industry or business

12. Name **Frank Powell**

13. Birthplace **Maryland.**

14. Maiden name **Zella Jarman.**

15. Birthplace **Maryland**

16. Informant **Mrs. John J. Powell**

Address **Berlin Md (St. Martins)**

17. **Buried** Date thereof **8/10/48**

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Odd Fellows.**

Location **Bishopville Rd.**

18. Funeral director **Anna R. Benbow**

Address **Berlin Md.**

19. **8-10** 19**48** **Helen J. Hayward**

(Date rec'd by registrar)

Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH **Aug 6** 19**48** at **8 P** M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

and that I last saw him alive on **Aug 5** 19**48**

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Due to **Chr Bright**

Due to \_\_\_\_\_

Other conditions **With Dropsy.**

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE **Chas. R. Law**

M. D. \_\_\_\_\_

Address **Berlin Md.** Date signed **8-9-48**

MARGIN RESERVED FOR BINDING

VS A15 9-45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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Worcester

Mr. J.

Post Office Box 1111  
Worcester, Mass.

John J. Powell

89

Mr. J. J. Powell

Mr. J. J. Powell

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AUG 13 1948

BUREAU V. S.

John J. Powell

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 08818 355

## 1. PLACE OF DEATH:

County WorcesterCity or town Berlin  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County WorcesterCity or town Berlin  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Howard Ferner Roeske

## 3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married6.(b) Name of husband or wife Joan B. Roeske6.(c) If alive, give age 23 years7. Birth date of deceased (mo., day, yr.) April 28, 19248. AGE: Years 24 Months 2 Days 7 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Wilkes, N.Y.  
(Town, county, and state)10. Usual occupation Electrician

11. Industry or business

12. Name George A. Roeske13. Birthplace Germany14. Maiden name Merriell Taft15. Birthplace Pa.16. Informant Mrs. H. F. RoeskeAddress Berlin md.17. Buried Date thereof Aug 7, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Oak Hall Cem.Location Oak Hall Va.18. Funeral director James A. BurknerAddress Berlin md.19. 8-7- 19 48 Helen F. Hayward  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 4 Aug. 19 48 at 8 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4 Aug. 19 48 to 4 Aug. 19 48and that I last saw him alive on 4 Aug. 19 48Immediate cause of death Electrocution DURATIONwith high tensioncurrent

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 3rd degree burn of head2-3-4 5th fingers

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of \_\_\_\_\_Where did injury occur? Berlin Worcester Maryland  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) OtherMeans of injury Electrocution Injured at work? Yes23. SIGNATURE Harshman M. D. or otherAddress Bay Co. Berlin, md. Date signed 6 Aug 48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 10 1948

BUREAU V. S.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 350

## 1. PLACE OF DEATH

County WorcesterCity or town Pocomoke city

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Pocomoke city

(If outside city or town limits, write RURAL and give nearest town)

Street No. 511th

(If rural, give LOCATION)

2.(a) If veteran, name war.

## 3. (a) FULL NAME

William H. Satchell

## 3. (b) Social Security Number

218-24-38034. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced married6.(b) Name of husband or wife Mattie Satchell6.(c) If alive, give age 67 years7. Birth date of deceased (mo., day, yr.) January 25-18798. AGE: Years 69 Months 6 Days 20 If less than one day9. Birthplace Accomac, Accomac, Va

(Town, county, and state)

10. Usual occupation Farming

11. Industry or business

12. Name George O. Satchell13. Birthplace Virginia14. Maiden name Mamie Mears15. Birthplace Virginia16. Informant Mrs. Edward SolumAddress Pocomoke city, md17. Burial Date thereof Aug. 18, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory PresbyterianLocation Pocomoke city18. Funeral director Henry H. WatsonAddress Pocomoke city, md.19. Aug. 17 1948 Archie E. White

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 15 1948 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1946 1946 to Aug 15 1948and that I last saw him alive on Aug 14 1948Immediate cause of death Cerebral Embolus

## DURATION

2 wksDue to ArteriosclerosisCerebro-Vasc. Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results Flow.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Louis J. Clemens, MD.Address Pocomoke city Date signed 8/16/48

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MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The for age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 18 1943

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 350

## 1. PLACE OF DEATH

County Worcester  
 City or town Rural Pocomoke md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 29 years  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Worcester  
 City or town Rural Pocomoke md  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Charles A. Stauffer

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male white single

6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) March 17, 1863

8. AGE: Years Months Days 6. (c) If alive, give age \_\_\_\_\_ years

85 4 12 \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Greensburg Penna  
 (Town, county, and state)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name Jacob Stauffer

13. Birthplace Penna

14. Maiden name Rachel Bibby

15. Birthplace Ohio

16. Informant Mrs Elizabeth L Stauffer

Address Rural Pocomoke md

17. Burial Date thereof Aug 5, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory M. C. Cemetery

Location Super Hill md

18. Funeral director Shenandoah

Address Pocomoke md

19. Aug 5 19 48 Anne E. White

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 3, 1948 at 8:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

and that I last saw him live on Aug 4, 1948

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Due to Fracture of left hip 3 days

Due to accidental fall

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Antony results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of July 3, 48

Where did injury occur? Home Worcester md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Fall backwards Injured at work? No

23. SIGNATURE P. E. Stauffer M.D.

Address Pocomoke md Date signed 8/4/48

VS A15 9-45-15M

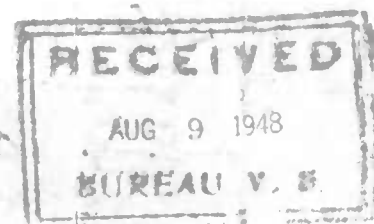
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M



08821

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131a

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester Co.  
City or town Snow Hill R.T.D. 1  
How long in above place of death? 5 years.  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Md County Worcester Co.  
City or town Snow Hill  
Street No. Rural #1  
2.(a) If veteran, name war

3. (a) FULL NAME

Amelia Belle Webb.

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed.  
6.(b) Name of husband or wife Frank J. Webb.  
7. Birth date of deceased (mo., day, yr.) Oct. 27, 1871  
8. AGE: Years 76 Months 9 Days 16 If less than one day hrs. min.

9. Birthplace Maryland.  
10. Usual occupation Housewife.  
11. Industry or business  
12. Name John Carey  
13. Birthplace Maryland.  
14. Maiden name unknown.  
15. Birthplace

16. Informant Mrs. Clayton Moore  
Address Snow Hill Md R.T.D. 1  
17. (Burial, cremation, or removal, Which?) Burial Date thereof 8/15/48.  
Cemetery or crematory New Hope Cem.  
Location Willards Rd R.T.D. 1  
18. Funeral director Anna H. Burroughs  
Address Berlin Md.

19. 8/14 19 48 LeRoy Smith  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13 1948 at 2:00 P.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1945 to Aug 13 1948 and that I last saw him alive on Aug 11 1948.  
Immediate cause of death Acute pulmonary Edema DURATION 12 hrs.  
Due to Hypertension Cardiovascular 15 yrs.  
Renal disease  
Chronic Bronchitis 10 yrs.  
Other conditions severe emaciation  
arteriosclerotic gangrene of toes 6 mos  
of left foot.  
Major findings of operations  
Date of op.

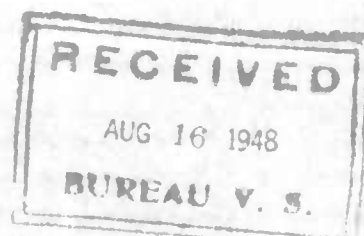
Autopsy results.  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?  
23. SIGNATURE Robert L. La Mar, M.D.  
Snow Hill M. D. or other  
Date signed 8-14-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 354

## 1. PLACE OF DEATH:

County StearnsCity or town Stockton Md  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Clayton Wilson Jr

## 3. (b) Social Security Number

4. Sex M5. Color or race C6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife:

6. (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 31 19348. AGE: Years 14 Months 1 Days 1 If less than one day  
..... hrs. .... min.8. Birthplace Md  
(Town, county, and state)10. Usual occupation Student

11. Industry or business

12. Name Clayton Wilson13. Birthplace Md14. Maiden name Patty F Jones15. Birthplace Md16. Informant Clayton WilsonAddress Stockton Md17. Burial Date thereof Aug 29 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Home Benifitub semeteryLocation Stockton Md18. Funeral director Irvin BennettAddress Stockton Md19. Aug 28 1948 Mary M. Taylor  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County StearnsCity or town Stockton  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)

2. (a) If veteran, name war .....

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26 1948 at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 25 1948 to Aug 26 1948and that I last saw him alive on Aug 25 1948Immediate cause of death Cervical CorditisDURATION 3 1/2Due to SepticDue to Septic

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

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RECEIVED

SEP 2 1948

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